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Improving Contraception Access among Female Syringe Exchange Clients: A Reproductive Needs Assessment

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Conflict of Interest

I declare that there are no relationships, conditions, or circumstances that present a conflict of interest relevant to the content of this presentation.

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Introduction: Problem

• Rates of unplanned pregnancy among opioid-using women range from 80-90% compared to 51% in the general population, with condoms most commonly used (Heil et al., 2016; Robinowitz et al., 2016)

• Significant financial and psychosocial barriers to initiating and maintaining use of contraception (Black & Day 2016, Matusiewicz et al., 2017)
Rationale

• Better health outcomes when pregnancy is planned (Terplan et al., 2015)

• Contraception counseling within medication assisted treatment (MAT) increases adherence, initiation, and selection of LARC methods (Heil et al., 2016, Matusiewicz et al., 2017)

• Colocation within a syringe exchange (SEP) would reduce barriers and could reach those not yet in recovery (Pinkham et al., 2012)
  • Syringe exchange clients may be younger and more at-risk compared to MAT clients
Purpose & Aims

1) Assess reproductive health needs of women currently utilizing Safe Recovery, a SEP in Burlington, VT

2) Determine key differences between SEP and MAT to optimize and adapt family planning (FP) services to SEP
Ethical Considerations

• Optional participation with no identifying information associated with survey results
• Involvement with study does not affect care received at SEP
• Cover sheet to inform that questionnaire includes sensitive topics prior to starting survey
• IRB exempt as project is quality improvement, not contributing to generalizable knowledge
Context for Intervention

• Vermont Center on Behavior & Health (VCBH) researches contraception in MAT clinic
  • Interested in expanding model to SEP, depending on need

• Safe Recovery SEP interested in expanding services and providing FP services
Intervention

• Reproductive health needs assessment survey, compensated with $20 gift card

• Qualitative interviews with SEP personnel and MAT researchers

• Team
  • Sarah Heil, Ph.D. VCBH principle investigator
  • Safe Recovery staff Grace Keller, executive director, and Jessica Kirby, case manager
Measures

• 24 items: Demographics, risky sexual practices, past/current contraception use, access to reproductive health services, interest in onsite FP

• Recruitment for study facilitated by commitment of case worker
Analysis & Study of Intervention

- Survey data analyzed using descriptive statistics with assistance from VCBH
- Thematic analysis of interviews to determine key considerations relevant to implementing FP within SEP
- Review of MAT study protocol with recommendations to VCBH regarding adaptation to SEP setting
Survey Results

93% not seeking pregnancy
60% not using contraception or using less effective methods
45% reported most recent pregnancy unintended

On average:
- 32, high school education, unemployed, Medicaid
Perceived Barriers to Access Contraception

70% interested in receiving FP services at Safe Recovery
Interview Themes

SEP Staff

• SR as safe space with desire to provide additional services
• Outgrowing clinic with nine full-time staff
• Low barrier buprenorphine program staffed by MD who is an OBGYN

MAT Study Personnel

• Key differences between MAT and SEP requiring adaptation of protocol
• SEP clients do not have to attend clinic daily, no contingencies
• Shortened assessment
• Less follow-up appointments
Interpretation

• Integrated FP services would be well received by SEP clients and staff
• FP services must be adapted from MAT protocol to fit SEP format
• Perceived judgment from clinicians is a significant and troubling theme
• Survey collection required outside personnel and could not have been managed by SEP staff given volume of clients and new services
Limitations

• Small percentage of clients surveyed (N=42)
• Lack of generalizability to other populations (e.g., rural, national)
  • Barriers may be less relevant in walkable city like Burlington
• Survey measures may be affected by response bias, influence of compensation
• Time limit of DNP project did not allow for pilot program
Conclusions

• Imperative to understand reproductive health needs of target population before designing and implementing integrated FP services
• Sustainability depends on continued relationship between SEP and VCBH
• Findings will be presented at College of Problems of Drug Dependence
• Next steps: 5-10 client pilot program to determine feasibility of integrated FP
Selected References

